



281478

TRANSMITTAL FORM

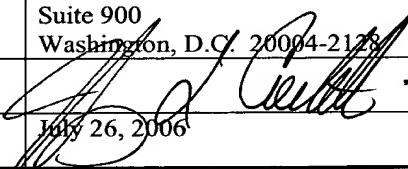
(to be used for all correspondence after initial filing)

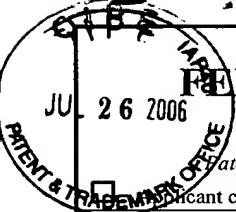
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/620,968
		Filing Date	July 20, 2000
		First Named Inventor	Shunpei YAMAZAKI
		Group Art Unit	2814
		Examiner Name	Nathan W. Ha
Total Number of Pages in This Submission	21	Attorney Docket Number	740756-2183

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> Form 1449 with one (1) reference Corrected Information Disclosure Statement Request for Acknowledgment of Prior Information Disclosure Statement
<input type="checkbox"/> Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Jeffrey L. Costellia – Reg. No. 35,483 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	July 26, 2006



FEES TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Significant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$180.00)

Complete if Known

Application Number	09/620,968
Filing Date	July 20, 2000
First Named Inventor	Shunpei YAMAZAKI
Examiner Name	Nathan Ha
Art Unit	2814
Attorney Docket No.	740756-2183

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)		(\$)		0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

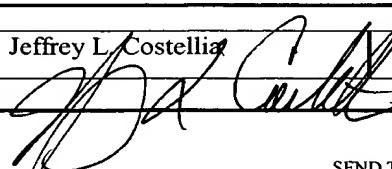
	Extra Claims	Fee from below	Fee Paid
Total Claims	_____ -20** =	_____ X _____ =	0
Independent Claims	_____ -3** =	_____ X _____ =	0
Multiple Dependent		X _____ =	0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	35,483	Telephone	(202) 585-8000
Signature				Date	July 26, 2006

SEND TO: Commissioner for Patents
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Alexandria, VA 22313-1450